2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000041092 1. Entity Name TIFFANY SPALLONE, D.M.D., P.A.								04 DEC 10 PH. 3: 39 OLD SECRETARY OF STATE A TALLAHASSEE, FLORIDA						
Principal Place of Business 2166 58TH AVENUE VERO BEACH, FL 32966			216	Mailing Address 2166 58TH AVENUE VERO BEACH, FL 32966			W.		CRETA LAHA	SSEE. F	ĽÓŘÍ			
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				10252004	REIN-P		CR2E098 (6	/04)	•	
City & State			Cit	City & State				4. FEI Numbe	D FOR	6-164	8914		olied For Applicable	
Zip	Country		Zip	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
SPALLONE, TIFFANY DMD 2166 58TH AVENUE							Name Street Address (P.O. Box Number is Not Acceptable)							
VERO BEACH, FL 32966														
							City FL Zip Code							
	named entit		ent for the pur	pose of changing its	register	ed office or re	gister	ed agent, or bot	h, in the State	of Florida	. I am familiar	with, a	and accept	
SIGNATURE.	Signature broad	or printed name of registere	d arrent and little ii ac	noticable (NOTI	- Register	ad Agent elgnatur	ne neguin	ed when reinstating)			CATE			
	oignature, types	or practice make or regardle	a agent and add to a	photos. (101)	- riugiatui		·			······································	VIII.			
		EE IS \$750.00 05, Fee will be \$	900.00	• ;					:					
10.		OFFICERS	AND DIRECTO	ORS	11.	1	1	ADDITIONS/	CHANGES T	OFFICER	S AND DIREC	TORS	IN 11	
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CITY-ST-ZIP	1	ACH, FL 32966		CITY						N 750 6	T () [_		
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12. I hereby of indicated of the cor	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or yustee empowered to execute this report as requires by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach field with an address, with an other the empowered.													
		aching the with an add	ress, with all o	ther Mayempowered	· '-	M	10	// l	2-1-04	1	ב.לרוב	حلله	S/K)	
SIGNAT	URE: _	SIGNATURE AND TVE	ED OR PRINTERNA	ME OF SIGNING OFFICER	OR DIREC	<u>グリリ</u> ン	<u> </u>	1/	Date	J	サブン・と Daytime Pt	YORE #	ן נשת	